U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1, File Number U -

13247

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Form LM-30 (2003)	Page 1 cf
Signed Ways Solute	On 7/28/2005 (314) 781-6612  Date Telephone Number
15. Signature and verification. The undersigned declares, under penalty of	liying documents), has been examined by the signatory and is, to the best of the
State ZiP Code + 4	
City	
Street	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Trade Name, if any:	
Name	
monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or	lusions set forth in the instructions):  r derived income or other economic benefit of
Enter appropriate data halow if during the most fine all years are	ous or miner shill dispath, or indispath, had any of the fallowing interests
5. Position in labor organization. Secretary/Treasurer	
State Missouri ZIP Code + 4 63143	State Missouri ZIP Code + 4 63110
Street 2849 Laclede Station Rd  City Saint Louis	Street 2103 59th Street  City Saint Louis
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
	Labor Organization File Number 047-147
3. Name and address of person filing.  Name Nancy R Schick	4. Name, file number, and address of labor organization.  Name Musicians Association of St Louis

Name of Person Filing Nancy Schick	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11,a, Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
·	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.